

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43640

FILED JAN 27 1951

State File No.

BIRTH NO.		REG. DIST. NO. <u>2178</u>		PRIMARY REG. DIST. NO. <u>5719</u>		Registrar's No. <u>93</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bevier Rural</u>		c. LENGTH OF STAY (In this place) <u>-</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bevier Rural</u>		0610	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>-</u>				d. STREET ADDRESS (If rural, give location) <u>-</u>			
3. NAME OF DECEASED (Type or Print) <u>Take</u>		a. (First)		b. (Middle) <u>-</u>		c. (Last) <u>Pussg</u>	
4. DATE OF DEATH		(Month) <u>12</u>		(Day) <u>27</u>		(Year) <u>50</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>9-21-20</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Coal Miner</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>			
11. BIRTHPLACE (State or foreign country) <u>Germany</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ula Myers</u> ADDRESS <u>Bevier Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-Vascular renal disease</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION <u>-</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>2 years</u> <u>4 2 X</u>	
19b. MAJOR FINDINGS OF OPERATION <u>-</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>-</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-</u>			
22. I hereby certify that I attended the deceased from <u>Dec 26, 1948</u> , to <u>Dec 26, 1950</u> , that I last saw the deceased alive on <u>Dec 26, 1950</u> , and that death occurred at <u>6 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>B. L. Edgington D.D.</u>		(Degree or title)		23b. ADDRESS <u>Clarence, Mo.</u>		23c. DATE SIGNED <u>12/31/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-28-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Oakwood</u>		24d. LOCATION (City, town, or county) (State) <u>Bevier Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-2-51</u>		REGISTRAR'S SIGNATURE <u>Josephine King</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwards</u>		ADDRESS <u>Bevier Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1. 25. 51
MACON COUNTY HEALTH DEPARTMENT
County File No. 1. 51. 12
Date Filed 1. 26. 51

~~Date Received: JAN 8 1951
DISTRICT HEALTH OFFICE #2
District File Number
Date Filed:~~

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

M. G. Edwards

Signed.....
Student Embalmer

Licensed Embalmer No. 1961

P. O. Address *Bever, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.